## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								Application or Docket Number 09/896913					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY			RTHAN	
TOTAL CLAIMS							TYPI	TE	1855	OR <b>Y</b> O	RATE	ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		BASI		1955 E 355.00	$\mathbf{H}_{\mathbf{L}}$	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			15 minus 20=		*		-			- OH		710.00	
INDEPENDENT CLAIMS			2 minus 3 =		• -7		-	X\$ 9=		OR	X\$18=		
MULTIPLE DEPENDENT CLAIM PI						X		0=	ļ	OR	X80=		
<u>.                                    </u>				<del></del>				35=		OR	+270=		
* !!	the difference	in column 1 is	less than zero, enter "0" i			column 2	TO	ΓAL	430	OR	TOTAL		
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	•	Minus	**		=	<b>X</b> \$	9=		OR	X\$18=		
AME	Independent	•	Minus	***		=	X4	 )=		OR	X80=		
L.,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1.10				070	• 1	
					4		+13	O= OTAL	ļ	OR	+270= TOTAL		
		(Column 4)	(Column 2) (Column 3)				ADDIT.		<u></u>	OR	ADDIT. FEE		
B		(Column 1) CLAIMS		HIGH	EST	(Column 3)	_		ADDI-			1551	
AMENDMENT I		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	Ε	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ :	9=	, •	OR	X\$18=		
	Independent	*	Minus	***		=	X40	)=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						140	_	,		· · ·	,	
							+13	TAL		OR.	+270=°		
	(Column 4)						ADDIT.			OR ,	ADDIT. FEE		
O.		(Column 1) CLAIMS	14 hay 200	(Colum	EST	(Column 3)				r	·,		
MENDMENT		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
D I	Total	*	Minus	**	17.0	=	X\$ 9	=		OR:	X\$18=		
5	Independent	*	Minus	***		=	-		·	`			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

X80=

+270=

TOTAL ADDIT. FEE

X40=

+135=

TOTAL ADDIT. FEE